

<b>Case Number:</b>	CM14-0067624		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	01/21/2010
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 64-year-old female with a 1/21/10 date of injury. At the time (4/17/04) of the Decision for Cognitive Behavioral Therapy, there is documentation of subjective (non-specified) and objective (non-specified) findings, current diagnoses (adjustment disorder with depressed and anxious features (chronic), pain disorder associated with psychological factors and a general medical condition, and cervical and right shoulder pain), and treatment to date (physical therapy, medications, and at least 10 cognitive behavioral therapy sessions). There was no documentation of objective functional improvement as a result of prior cognitive behavioral therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Cognitive Behavioral Therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neck/Upper back and shoulder Chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that behavioral interventions are recommended. MTUS Guidelines go on to recommend an initial

trial of 3-4 psychotherapy visits over a period of 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks (individual sessions). Within the medical information available for review, there is documentation of diagnoses of adjustment disorder with depressed and anxious features (chronic), pain disorder associated with psychological factors and a general medical condition, and cervical and right shoulder pain. However, there is documentation of at least 10 prior cognitive behavioral therapy sessions completed to date, which is the limit of guidelines. In addition, there is no documentation of objective functional improvement as a result of prior cognitive behavioral therapy sessions. Therefore, based on guidelines and a review of the evidence, the request for Cognitive Behavioral Therapy is not medically necessary.